



01/25/05

IFW 1625
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PHA 4151.7 (2916/4)
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of Susan A. Gregory et al.

Art Unit 1625

Serial No. 10/098,644

Filed March 15, 2002

Confirmation No. 7986

For IMMUNOSUPPRESSIVE EFFECTS OF ADMINISTRATION OF A
CYCLOOXYGENASE-2 INHIBITOR AND 5-LIPOXYGENASE INHIBITOR

Examiner D. Margaret Seaman

January 24, 2005

AMENDMENT F

In response to the Office action dated August 25, 2004, please consider the following remarks.

Listing of claims begins on page 2.

Remarks begin on page 18.

Conclusion begins on page 24.

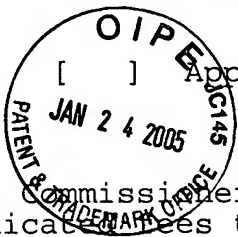
01/28/2005 HGUTEMA1 00000099 10098644

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450.00 OP

FEE TRANSMITTAL

Application Number 10/098,644 Art Unit 1625
Filing Date March 15, 2002 Confirmation No. 7986
Inventor(s) Susan A. Gregory et al.
Examiner Name D. Margaret Seaman
Attorney Docket Number PHA 4151.7 (2916/4)



[] Applicant claims small entity status.

METHOD OF PAYMENT

[] The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

[X] Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. [] BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____

2. [] EXCESS CLAIM FEES

Total Claims ____ - ____ (HP) = ____ x Fee ____ = \$ _____
Indep Claims ____ - ____ (HP) = ____ x Fee ____ = \$ _____
Multiple Dependent Claims Fee \$ _____
(HP = highest number of claims paid for)

Subtotal (2) \$ _____

3. [] APPLICATION SIZE FEE

Total Pages ____ - 100 = ____ ÷ 50 = ____ x \$250 = \$ _____
(Application + Drawings) (round up to whole #)


Subtotal (3) \$ _____

4. [X] OTHER FEE(S)

[X] Two month extension of time
[] Information disclosure statement
[] 37 CFR 1.17(q) processing fee
[] Non-English specification
[] Notice of Appeal
[] Filing a brief in support of appeal
[] Request for oral hearing
[] Other: _____

Subtotal (4) \$ 450.00

TOTAL AMOUNT OF PAYMENT \$ 450.00


Kathleen M. Petrillo, Reg. No. 35,076

January 24, 2005

Date

Telephone: 314-231-5400

KMP/AXS/lam

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